PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED PARTNERSHIP REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 MAR 25 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000121220400

CR2E039 (1/07)

DOCUMENT # A15114

1. Name of Limited Partnership

Lewiston Properties Limited Partnership

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| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| c/o Morgan Stanley | c/o Morgan Stanley |
| Suite, Apt. #, etc. 195 Broadway, 18th Floor | Suite, Apt. #, etc. 195 Broadway, 18th Floor |
| City & State New York, NY | City & State New York, NY |
| Zip 10007 Country USA | Zip 10007 Country USA |

4. Date Formed or Registered To Do Business in Florida 08/12/1983

5. FEI Number 621177801 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

**7. FEES:**

Filing Fee(s): $411.25 for each year due this office.

Supplemental Fee(s): $88.75 for each year due this office.

Penalty Fee(s): $500 for each year or part thereof limited partnership revoked on our records.

☑ A $500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $500 penalty fee(s) be waived.

9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ (REGISTERED AGENT MUST SIGN) Harry B. Davis Asst. Vice President DATE 3/25/08

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

| 10. Name(s) of General Partner(s) | Address of Each General Partner (Do NOT Use Post Office Box Numbers) | City, State and Zip Code | 10a. Registration Document Number |
|---|---|---|---|
| Liberty Street Associates, L.P. | c/o Morgan Stanley, 195 Broadway, 18th Floor | New York, NY | A15148 |

REINSTATEMENT 2001-2008

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Russell Carkhuff DATE 3/19/08

Typed or Printed Name of General Partner Signing Form: Russell Carkhuff, Vice President of Liberty Street Associates, Inc. Telephone Number: 917-790-5703

General Partner of Liberty Street Associates, L.P., its General Partner

CORPORATION SERVICE COMPANY

A15114

ACCOUNT NO. : 072100000032

REFERENCE : 495306 4304756

AUTHORIZATION :

COST LIMIT : $ 4008.75

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ORDER DATE : March 20, 2008

ORDER TIME : 9:29 AM

ORDER NO. : 495306-005

CUSTOMER NO: 4304756

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RECEIVED
08 MAR 25 AM 11:07
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: LEWISTON PROPERTIES LIMITED PARTNERSHIP

FILE

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis

EXAMINER'S INITIALS _____

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